

## Community Development Department Development Services Division 12453 Highway 92,

Woodstock, GA 30188 Office: (770) 592-6054 www.woodstockga.gov

businesslicense@woodstockga.gov

### Effective June 1, 2015

Prior to submitting an application for an Occupational Tax License within the City of Woodstock, please contact the Planning & Zoning department for zoning approval for your business type. A Business Registration Safety Inspection will be required prior to the issuance of the business license. This inspection will center on the correction of any immediate safety issues within the business space and will be conducted by both the Building and Fire Department.

Some things that will be included in these inspections will be checking for ADA compliance in accordance with the ADA Standards and 120-3-20 Georgia Law (ie: grab bars, signage, accessible mobility throughout the space), as well as any noticeable violations resulting from changes or modifications to the space or building since the original CO was issued that would constitute a safety hazard or concern for the occupants of the building and general public. The fire department will also be checking for any life safety issues and fire hazards within the space, which could include fire extinguishers, fire exits, or signage for example.

### Please complete and initial the following steps for application:

### Step 1

Provide to Development Services a completed application including a non-refundable \$55.00 admin and inspection fee. This fee will cover the initial inspection and a follow-up if needed. Should more than 2 inspections be needed, the business may be subject to an additional \$25.00 re-inspection fee. The application will include all necessary documentation for your business. The application will be reviewed by our planning and zoning department to insure your intended business is in conformance with the zoning regulations for the City of Woodstock.

### Step 2

Once the zoning department has issued approval, you will be contacted by someone from our Development Services Department to schedule the necessary safety inspections on the business address. You will need to make sure that someone will be available to allow access to the location so the inspections can be completed. These inspections will be held on Tuesday mornings or Thursday afternoons. Failure to make the space available will delay the issuing of the license. In the event that there are violations, it will be the applicant's responsibility to correct these and notify the Development Services Department so a second inspection can be scheduled.

### Step 3

Once the application has all necessary inspections and approvals we will be able to issue your Occupational Tax License. The final documentation that will be required will be an executed lease or purchase agreement. We will also request the occupation tax payment.

\*\*\*No business will be allowed to open prior to the passed inspections and issuance of the Occupational Tax License\*\*\*

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COVER SHEET INITIALED IN ALL THREE STEPS TO BE SUBMITTED WITH COMPLETED PACKET
APPLICANT'S DRIVER'S LICENSE, AND PERMANENT RESIDENT CARD IF APPLICABLE
THE EXECUTED LEASE / RENTAL AGREEMENT (FOR UNOWNED PROPERTY) **MAY BE SUPPLIED AT APPLICATION OR ONCE LICENSE IS APPROVED**
BILL OF SALE / PROOF OF OWNERSHIP (FOR OWNED PROPERTY)
CERTIFICATE OF ORGANIZATION OR ARTICLES OF INCORPORATION (FOR LLCs AND CORPORATIONS)
VALID STATE ISSUED LICENSE (FOR PROFESSIONALS. SEE WOODSTOCK ORDINANCE SEC. 86-81)
TRADE NAME CERTIFICATE (IF USING A DBA NAME)
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# **City of Woodstock**

Development Services Department 12453 Hwy 92 Woodstock GA 30188 Office: 770-592-6054

BusinessLicense@woodstockga.gov

# **Occupational Tax License Application**

occupational ra	ix Election Application
Type of License: New Change of Location (	Requires a new application) Change of Ownership
Ownership Status: Sole Proprietorship Corp	poration Partnership LLC
Business Type: Standard Occupation Insura	nce Agency / Company  Professional
Is the business a Massage Business?    Yes    No Work Permits for each person employed are require	o (If Yes, a separate Massage Establishment License and ed)
When the license is complete, we will send to the f	following e-mail address:
Will there be any renovation to the business location	n? **
** Please note, if renovations are in process, the lice completed**	ense will not be issued until the Certification of Occupancy is
Target Opening Date in City:	(Cannot be prior to issuing of Occupational Tax License)
Business Name:	
DBA (if applicable):	
	(If using a DBA, a Trade Name Certificate must be provided
Business Owner:	
Property Owner:	
Business Street Address:	
City/State: Georgia Zip:	
Mailing Address:	
City / State / Zip:	
	GA Sales & Use #:
NAICS Code (may be obtained through NAICS.com):	
Registered Agent of Business:	
Primary Contact Phone:	

Email Address:			
Detailed Description of Business:			
Code Compliance of Business:			
**Please make sure all information is completed.	If information is incomple	ete, application could be delay	ec
or denied issuance**			
Previous use of location:			
Total Square Footage of the Space Owned or Lease	ed for Business:		
Number of Restrooms in the Building:	/ Men's	Women's	
Are the Restrooms ADA compliant?			
How many parking spaces are dedicated to the bu	siness?	·	_
Does the Suite or site share parking spaces with ot	ther businesses?	<del></del>	_
Total Number of Employees?			

# \*\*\*\* Existing Building Change of Occupancy requires a new Certificate of Occupancy \*\*\*\*

As stated in Section 18-64, if any occupancy classification or zoning of any existing building or structure is changed, the building, plumbing, electrical, gas, and mechanical systems shall be made to conform to the intent of the construction codes as required by the Building Official.

A certificate of occupancy for any building may be obtained by applying to the building department and supplying the information and data necessary to determine compliance with the construction codes for the occupancy intended. Where necessary in the opinion of the Building Official, two sets of detailed drawings, a general inspection, or both may be required. When upon examination and inspection it is found that the building conforms to the provisions of the construction codes and other applicable laws and ordinances for such occupancy, a certificate of occupancy shall be issued.

Please contact the City of Woodstock's Building Department at **770-592-6036 option 0** if you have any questions or concerns about applying for a building permit and obtaining a certificate of occupancy (CO).



# State of Georgia Department of Revenue 1800 Century Boulevard Atlanta, GA 30345

# Official Addendum to Business Occupancy License Application

# Required Fields

Required Fields
Name of Business (Legal Name or Trade Name):
Mailing Address if Different from Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
If Your Business Is Required to Have One by Law:
Sales Tax ID#
Sales Tax Number:
Applicable North American Industry Classification System Code Number: Please list All NAICS
NOTICE:
Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.
The Failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.
In accordance with O.C.G.A. §§ 48-2-15 AND 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.
In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.
Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404)417-6581 or e-mail Derek.Todd@dor.ga.gov

# Affidavit Verifying Status for a City Public Benefit Application

ccupation Tax Certificate, Alcohol License, 0-36-1, I am stating the following with respe	Taxi Permit, or other public benefit as referenced in O.C.G.A. § sect to my application for the City of Woodstock, Georgia cate, Alcohol License, Taxi Permit, or other public benefit for
[	Name of natural person applying on behalf of individual,
siness, corporation, partnership, or other pri	ivate entity]
1) I am a United States citizen	
OR	
· · · · · · · · · · · · · · · · · · ·	dent 18 years of age or older, or I am an otherwise qualified ederal Immigration and Nationality Act 18 years of age or ited States.*
	oath, I understand that any person who knowingly and willfully ement or representation in an affidavit shall be guilty of a
Signature	Date
D: (N	*
Print Name	Alien Registration number for non-citizens
Company Name	
amended, provide their alien registration number	ns under the federal Immigration and Nationality Act, Title 8 U.S.C, as Because legal permanent residents are included in the federal definition of de their alien registration number. Qualified aliens that do not have an alien g number below:
SUBSCRIBED AND SWORN	
BEOFRE ME ON THIS DAY OF, 20	
Notary Public	
My Commission Expires:	

# Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs **10 or more employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identifica	ation Number
Date of Authorization	
Name of Private Employer	
I hereby declare under penalty of perjury ton,, 20 in Woodstock, Geo	hat the foregoing is true and correct. Executed rgia.
Signature of Authorized Officer or Agent	
Printed Name and Title of Authorized Office	cer or Agent
Company Name	
SUBSCRIBED AND SWORN BEFORE M ON THIS THE DAY OF	
NOTARY PUBLIC	
My Commission Expires:	

# Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from

compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or

corporation employs 9 or fewer employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Signature of Exempt Private Employer Printed Name of Exempt Private Employer I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_, \_\_\_\_, 20\_\_\_ in Woodstock, Georgia. Signature of Authorized Officer or Agent Printed Name and Title of Authorized Officer or Agent **Company Name** SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_, 20\_\_\_.

NOTARY PUBLIC

My Commission Expires:

### **CALCULATION OF FEES:**

Please select one (1) of the following occupation types for the proper fee calculation. For a helpful spreadsheet based fee calculator, visit <a href="www.woodstockga.gov/businesslicense">www.woodstockga.gov/businesslicense</a>, click on Helpful Links/FAQs, & click on GROSS RECEIPTS CALCULATOR. When using this tool, you must remember to add the \$25 inspection fee to total. Call for assistance.

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SIANDARD	OCCUPATION	

All businesses will have a Business Class Number determined by the first four digits of the business's NAICS Code. Visit <a href="https://www.woodstockga.gov/businesslicense">www.woodstockga.gov/businesslicense</a> and click on Helpful Links and FAQs and then Business Class List for this list. For help with determining a NAICS code, visit <a href="https://www.naics.com/search">www.naics.com/search</a>. Once a Business Class Number is determined, the following tables and formula will aid in calculating the necessary fee.

Table 1			
Business Class Number	Class Factor		
Class 1	.00010		
Class 2	.00030		
Class 3	.00035		
Class 4	.00040		
Class 5	.00045		
Class 6	.00050		
Class 7	.00055		

Table 2			
Gross Receipt Brackets	Final Multiplier		
\$0.00 - \$249,999.99	1.00		
\$250,000.00 - \$499,999.99	1.05		
\$500,000.00 - \$749,999.99	1.10		
\$750,000.00 - \$999,999.99	1.15		
\$1,000,000.00 - \$4,999,999.99	1.20		
\$5,000,000.00 - \$9,999,999.99	1.25		
\$10,000,000.00 and above	1.50		

Line 1) Estimated Gross Receipt Amount through the End of the Year  Line 2) Multiply Value of Line 1 by respective Class Factor in Table 1  Line 3) Multiply Value of Line 2 by respective Final Multiplier in Table 2 (min \$30)  Line 4) Add \$55.00 Administrative/ Safety Inspection Fee to Value of Line 3 TOTAL DUE:				\$
				\$ \$
				**** Payment of \$55.00 admir
☐ PROFESSIONALS				
Number of Professionals   See City of Woodstoc	k Ordinance Sec. 86-81	x \$300.00	TOTAL DUE:	\$
□ <u>INSURANCE AGENCIES</u>	AND FINANCIAL INS	TITUTIONS (NOT	INCLUDING BA	NKS)
Insurance Agencies/ Financia ☐ <u>ADDITIONAL FEES (IF A</u>	- ·	fee	TOTAL DUE:	\$
Regulatory Fee (see Fee Sche	dule)			\$
Revision Fee		\$30.00		\$
I hereby certify that the above as set forth by the City of Woo				e and correct under penalty of laged.
Signature of Applicant	Print Name	Title	Date	

# □ NEW □ REVISION DATE RECEIVED: \_\_\_\_\_ BUSINESS NO: \_\_\_\_\_ LICENSE NO: \_\_\_\_ Call for pick up when ready Email when ready Is this a Change of Use: Yes Or No **Business Name:** \_ Business Address: Map/Parcel No: \_\_\_\_\_\_NAICS CODE: \_\_\_\_ Date and Time of Safety Inspection AMOUNT PAID\_\_\_\_\_ CC TRANS #\_\_\_\_\_ ☐ CHECK # ANY DEPARTMENT RECOMMENDING DENIAL OF THE APPLICATION MUST ATTACH WRITTEN JUSTIFICATION FOR DENIAL AND FORWARD APPLICATION TO THE OCCUPATIONAL TAX CLERK. ☐ Complete **Occupation Tax Clerk Comments** Date Denied \_\_\_\_\_ Approved **Zoning Administration Property Zoned** Comments Date Approved Denied \_\_\_\_\_ Fire Marshal's Office Comments Date Denied \_\_\_\_\_Comments Approved **Building Official** Date Approved Denied \_\_\_\_ **Code Enforcement Officer** Square Footage **Comments** Date

OFFICE USE ONLY: